

Department of Health and Human Services
Substance Abuse and Mental Health Services
Administration

Screening, Brief Intervention, and Referral to Treatment
(SBIRT) Medical Professional Training Program

(Short Title: SBIRT Training)

(Initial Announcement)

Request for Applications (RFA) No. TI-13-002

Catalogue of Federal Domestic Assistance (CFDA) No.: 93.243

Key Dates:

Application Deadline	Applications are due by June 5, 2013
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	Applicants must send the PHSIS to appropriate state and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.

Table of Contents

EXECUTIVE SUMMARY:	4
I. FUNDING OPPORTUNITY DESCRIPTION	6
1. PURPOSE	6
2. EXPECTATIONS	6
II. AWARD INFORMATION	14
III. ELIGIBILITY INFORMATION	15
1. ELIGIBLE APPLICANTS	15
2. COST SHARING and MATCH REQUIREMENTS	15
3. OTHER	15
IV. APPLICATION AND SUBMISSION INFORMATION	15
1. ADDRESS TO REQUEST APPLICATION PACKAGE	15
2. CONTENT AND GRANT APPLICATION SUBMISSION	16
3. APPLICATION SUBMISSION REQUIREMENTS	19
4. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS	19
5. FUNDING LIMITATIONS/RESTRICTIONS	19
V. APPLICATION REVIEW INFORMATION	20
1. EVALUATION CRITERIA	20
2. REVIEW AND SELECTION PROCESS	24
VI. ADMINISTRATION INFORMATION	24
1. AWARD NOTICES	24
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS	25
3. REPORTING REQUIREMENTS	26
VII. AGENCY CONTACTS	26

Appendix A – Checklist for Formatting Requirements and Screenout Criteria for SAMHSA Grant Applications	27
Appendix B – Guidance for Electronic Submission of Applications	29
Appendix C – Intergovernmental Review (E.O. 12373) Requirements.....	36
Appendix D – Funding Restrictions	38
Appendix E – Biographical Sketches and Job Descriptions	40
Appendix F – Sample Budget and Justification (no match required)	41
Appendix G – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines	50
Appendix H – Addressing Behavioral Health Disparities	54
Appendix I – Electronic Health Record (EHR) Resources	57
Appendix J – Additional Background Information	58

EXECUTIVE SUMMARY:

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2013 Screening, Brief Intervention, and Referral to Treatment (SBIRT) Medical Professional Training Program grants (short title: SBIRT Training). The purpose of this program is to develop and implement training programs to teach health professionals (medical residents and students of nursing, social work and counseling) the skills necessary to provide evidence-based screening, brief intervention and brief treatment and to refer patients who are at risk for a substance use disorder (SUD) to appropriate treatment. As shown by data collected from SBIRT cross-site evaluations (SBIRT Cohort I Cross-Site Evaluation Final Report, 2010), the vast majority of SBIRT service providers are nurses, social workers and counselors with the role of the physician as leading the effort through clinical work, advocacy and supervising SBIRT in medical settings. Therefore, these grants will be initiated in programs that teach these health professionals in both didactic and practice settings to promote SBIRT as a strategy for reaching persons at risk for SUD. Grantees will be required to use training curricula developed by the initial cohort of SAMHSA SBIRT Medical Residency grantees. The intended outcomes of this program are to increase the adoption and practice of SBIRT throughout the health care delivery system. SAMHSA expects that SBIRT will be a component of the education curriculum for the identified programs in each academic year for the duration of the grant. The specialty substance use treatment system is often not appropriate, or is unavailable, to those who are at risk for SUD. A key aspect of SBIRT is the integration and coordination of screening and treatment components into a system of services. This system links a community's specialized treatment programs with a network of early intervention and referral activities that are conducted in health care delivery settings.

Funding Opportunity Title:	Screening, Brief Intervention, and Referral, to Treatment (SBIRT) Medical Professional Training Program
Funding Opportunity Number:	TI-13-002
Due Date for Applications:	June 5, 2013
Anticipated Total Available Funding:	Up to \$3.77 million
Estimated Number of Awards:	12
Estimated Award Amount:	Up to \$314,661 per year
Cost Sharing/Match Required	No

Length of Project Period:	Up to 3 years
Eligible Applicants:	<p>Eligible applicants are medical residency programs and public and private universities and colleges that have or are affiliated with programs for nursing and/or social work and/or counseling.</p> <p>[See Section III-1 of this RFA for complete eligibility information.]</p>

I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2013 Screening, Brief Intervention, and Referral to Treatment (SBIRT) Medical Professional Training Program grants (short title: SBIRT Training). The purpose of this program is to develop and implement training programs to teach health professionals (medical residents and students of nursing, social work and counseling) the skills necessary to provide evidence-based screening, brief intervention and brief treatment and to refer patients who are at risk for a substance use disorder (SUD) to appropriate treatment. As shown by data collected from SBIRT cross-site evaluations (SBIRT Cohort I Cross-Site Evaluation Final Report, 2010), the vast majority of SBIRT service providers are nurses, social workers and counselors with the role of the physician as leading the effort through clinical work, advocacy and supervising SBIRT in medical settings. Therefore, these grants will be initiated in programs that teach these health professionals in both didactic and practice settings to promote SBIRT as a strategy for reaching persons at risk for SUD. Grantees will be required to use training curricula developed by the initial cohort of SAMHSA SBIRT Medical Residency grantees. The intended outcomes of this program are to increase the adoption and practice of SBIRT throughout the health care delivery system. SAMHSA expects that SBIRT will be a component of the education curriculum for the identified programs in each academic year for the duration of the grant. The specialty substance use treatment system is often not appropriate, or is unavailable, to those who are at risk for SUD. A key aspect of SBIRT is the integration and coordination of screening and treatment components into a system of services. This system links a community's specialized treatment programs with a network of early intervention and referral activities that are conducted in health care delivery settings.

This program will address workforce development by increasing the number of health care professionals who can address the needs of persons at risk for SUD. The training also promotes the emphasis of the Affordable Care Act on a team approach to the integration of behavioral health into medical health. The SBIRT Training program will support the SAMHSA Health Reform Strategic Initiative and expand access to individuals vulnerable to health disparities.

The SBIRT Training grants are authorized under Section 509 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020, Substance Abuse Topic Area HP 2020-SA.

2. EXPECTATIONS

SBIRT Training grant funds must be used primarily to support the following types of activities:

- Use of SBIRT training curriculum that has been successfully developed through the previous cohort of SAMHSA SBIRT Medical Residency grants.
- Implement the SBIRT curriculum and training for the identified health professionals (medical residents, and students of nursing, social work and counseling).

NOTE: Grantees that are medical residency programs must limit the number of residents trained to 30 percent of the total. The remaining 70 percent of those trained may be students in one or a combination of nursing, social work or counseling programs. Grantees that are not medical residency programs do not have any restrictions on the percentage of health professionals trained. **Applications from medical residency programs must include letters of commitment from collaborating programs of nursing, social work and/or counseling in Attachment 4 of the application or the application will not be reviewed and will not be considered for an award.**

Core Components of SBIRT Training Curriculum:

The SBIRT training curriculum that the grantees will receive from SAMHSA includes the following core components:

- **Screening** – Incorporated into the normal routine in medical and other community settings, screening provides identification of individuals with problems related to alcohol and/or substance use. Screening can be through interview and/or self-report. The most widely used screening instruments are AUDIT, ASSIST and DAST. These screening tools can be administered by any level of practitioner, i.e., physicians, nurses, social workers, counselors. Included in screening is the concept of pre-screening in which a reduced set of validated questions are universally asked to quickly eliminate those individuals who would quickly prove negative on the full screening tools.
- **Brief Intervention** – A face-to-face discussion that is focused on raising an individual's awareness of his/her substance use and motivating the individual toward behavioral change. Brief interventions are 1 to 5 sessions in length, from a few minutes to an hour. Motivational Interviewing concepts are critical to the approach to patient interventions and must be included as part of any training curricula. As part of brief intervention, clients must be screened and assessed for the presence of co-occurring substance use (abuse and dependence) and mental disorders and the information obtained from screening and assessment must be used to develop appropriate treatment approaches for persons identified as having such co-occurring disorders. For more information on the process of selecting screening instruments to identify co-occurring substance use and mental disorders, go to http://www.coce.samhsa.gov/products/cod_presentations.aspx.

- **Brief Treatment** – A distinct level of face-to-face care that consists of a limited course of highly focused cognitive behavioral clinical sessions, again employing Motivational Interviewing concepts. Brief treatment is 6 to 12 sessions in length for up to one hour each. It may occur in the same session as the initial screening or in follow-up sessions.
- **Referral** – A proactive process that facilitates access to care for individuals who have been assessed to have a SUD requiring a more intensive treatment specialty.

Grantees must also include the following topics in their training curriculum that relate to the core components:

1. The association of medical and social/behavioral conditions with substance abuse;
2. Screening tools that identify the full spectrum of risky, problematic substance use, abuse and addiction;
3. Brief intervention procedures and evidence of their effectiveness;
4. “Hands-on” practice and training with patients for screening, identification, brief intervention, and referral to treatment for alcohol, illicit drugs, and prescription drug misuse;
5. Detoxification procedures for alcohol and other drugs;
6. Prescribing of effective medications to treat craving and prevent relapse;
7. Appropriate prescribing practices for opioids, pain medications and medically assisted treatment methodology;
8. Ongoing medical management and care coordination of outpatients and other recipients of SBIRT services;
9. Fostering integration of SBIRT into the full continuum of primary care;
10. Training on communicating and linking with specialty treatment service providers and facilities;
11. Behavioral health workforce development and the training of local, regional care systems;
12. Understanding and working with EHR-based screening and assessment systems; and
13. Approaches to championing or advocating for institutional and/or administrative changes that affect the implementation of SBIRT services and sustainability of the program including strategies for reimbursement for SBIRT services as part of a sustainability plan.

SAMHSA expects grantees to utilize their data to: (1) identify subpopulations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to disparities; and (2) implement strategies to decrease the differences in access, service use, and outcomes among subpopulations. A strategy for addressing health disparities is use of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. See [Appendix H: Addressing Behavioral Health Disparities](#).

SAMHSA strongly encourages all grantees to provide a tobacco-free workplace and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

Over 2 million men and women have been deployed to serve in support of overseas contingency operations, including Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn. Individuals returning from Iraq and Afghanistan are at increased risk for suffering post-traumatic stress and other related disorders. Experts estimate that up to one-third of returning veterans will need mental health and/or substance abuse treatment and related services. In addition, the family members of returning veterans have an increased need for related support services. To address these concerns, SAMHSA strongly encourages all applicants to consider the unique needs of returning veterans and their families in developing their proposed project.

Establishing a Council of Directors (COD):

The COD will act as a policy steering committee monitoring progress, reviewing and approving semi-annual reports to SAMHSA, and developing plans to sustain the SBIRT curriculum after the end of the grant. The COD will assist the Project Director in overcoming institutional barriers to the implementation of the SBIRT curriculum. The COD should be comprised of members of the school curriculum development personnel, representatives of school administration, and clinical practice/field experience supervisors.

Selecting a Project Director:

The Project Director (PD) of the grant is the individual with primary responsibility for the overall operations of the grant and for successful completion of all requirements included in this RFA. The PD will work closely with the assigned SAMHSA Government Project Officer (GPO), the programmatic contact at SAMHSA. The duties of the PD include, but are not limited to the following:

1. Planning, execution and quality assurance of the implementation of the SBIRT training curriculum provided by SAMHSA.
2. Maintaining appropriate and regular contact with the GPO on the progress, successes and barriers to implementation of grant activities, including discussion of any necessary modifications to the curriculum.
3. Selecting and providing oversight of the teaching faculty to train the health professional students.
4. Ensuring that the teaching faculty is trained in the SBIRT training curriculum components to allow for fidelity to the curriculum.
5. Selecting members of the Council of Directors (COD), serving as either the chairperson of the Council or as a member, reporting proceedings of the COD in the semi-annual and final reports to SAMHSA, and ensuring that the COD performs the following tasks:

- a. Review semi-annual, final and financial reports prior to submission to SAMHSA and approve actions to address any problems with implementation of grant activities.
 - b. Review successes and barriers to the implementation of project activities; provide advice and action steps to ensure successful inclusion of the SBIRT curriculum into the established school curricula.
 - c. Develop a plan to sustain inclusion of the SBIRT curriculum into the established school curricula after the lifetime of the grant.
6. Preparing for a SAMHSA technical assistance site visit in the seventh to ninth month of the grant.
7. Notifying SAMHSA of the intent to publish findings of the grant project in academic journals or other publications or media outlets, and providing SAMHSA with any written or electronic products or evaluation results developed during the lifetime of the grant.

Project Phases and Operations:

Applicants are expected to develop their training programs based on the following timeline:

Phase I: Project Planning and Startup (startup must occur within 4 months of grant award)

- Select members for the Council of Directors (COD).
- Obtain SBIRT curriculum materials developed by previous SAMHSA SBIRT training grantees. Grantees will select from curricula available from SAMHSA's technical assistance contractor for SBIRT. Grantees will work with their GPO on any modifications that may need to be made to tailor the curriculum to the specific needs of their training program.
- Maintain regular contact with the SAMHSA GPO on grant activities and progress.
- Develop an organizational structure that elicits and ensures input from all relevant policy-making stakeholders of the health professional teaching institution.
- Create a training plan, including how students will be identified/recruited to be trained, as well as a plan to conduct regional trainings.
- Establish a mechanism for monitoring program performance and compliance and establish projections for the number of students to be trained in each discipline.
- Recruit students for the SBIRT training project.

Phase II: Operations (approximately 29 months)

- Train health professional students in didactic and practice settings.
- Conduct regional trainings, where possible, by the SBIRT curriculum teaching faculty to disseminate SBIRT practices into local systems of care, such as hospital systems or state and county health systems.
- Develop a plan to sustain inclusion of the SBIRT curriculum into the established school curricula and training of health professionals after the lifetime of the grant.
- Monitor and report on program progress as required throughout the lifetime of the grant (i.e., semi-annual reports, financial status reports, GPRA-SAIS information, etc.).

NOTE: Grantees will receive a SAMHSA technical assistance site visit in the seventh to ninth month of the grant project. At this time, grantees will be expected to review implementation progress and discuss any needed improvements.

Phase III: Phase Out (approximately 3 months)

- Implementation of sustained program operations.
- Dissemination of model programs to other residency and partnering sites.
- Completion and submission of all required final reports and evaluations.

For additional information on SBIRT, go to <http://www.samhsa.gov/prevention/SBIRT/index.aspx>.

2.1 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. You must document your ability to collect and report the required data in “[Section D: Data Collection and Performance Measurement](#)” of your application. Grantees will be required to report performance on the following performance measures: GPRA baseline data on all participants of the training curriculum at the end of the training event, and 30-day follow-up to the training with a minimum 80 percent of all baseline participants followed up.

Due to the nature of the SBIRT Training program, grantees have the flexibility in determining what constitutes the “end of a training event” for GPRA baseline data collection (e.g., at the end of a training module, end of an academic year, completion of a topic area, etc.).

Grantees will also be required to develop a post graduation tracking form and system to follow-up 10 percent of the graduates to determine their use of SBIRT in their post academic work. This will be reported on the semi-annual and final reports.

- Grantees must conduct a follow-up survey on 100% of the graduates. To accomplish this goal grantees must provide, prior to graduation, a postage paid postcard (or equivalent) to every student completing training. These postcards or correspondence will be addressed to the grant project director and will only ask if the graduate is using SBIRT and to comment about its perceived efficacy. This information must be reported in the semi-annual reports.

These data must be submitted using the web-based CSAT/GPRA/Services Accountability and Improvement System (SAIS) within 7 days after the data are collected. Other progress data must be included in the semi-annual report. Training and technical assistance on data collecting, tracking and follow-up, as well as data entry, will be provided by CSAT.

GPRA end-of-training and baseline follow-up information will be gathered using the CSAT Baseline/Follow-up Training Satisfaction Tool, which can be found at <https://www.samhsa-gpra.samhsa.gov/> along with instructions for completing it. GPRA surveys can be accessed using the "Best Practices" link in the "Data Collection Tools" section. The collection of these data will enable CSAT to report on the National Outcome Measures (NOMs), which have been defined by SAMHSA as key priority areas relating to substance use. In addition to the NOMs, data collected by grantees will be used to demonstrate how SAMHSA's grant programs are reducing disparities in access, service use, and outcomes nationwide.

Performance data will be reported to the public, the Office of Management and Budget (OMB) and Congress as part of SAMHSA's budget request.

2.2 Local Performance Assessment

Grantees must assess their projects, addressing the performance measures described in [Section I-2.1](#). The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted semi-annually. As a part of the assessment, you must solicit opinions and information from the students who have been trained as to how well the curriculum prepared them for the practice of screening and brief intervention and referral to treatment.

Suggested areas for assessment include the following:

- Number of students trained;

- Types and number of differing specialties of students trained during the project period;
- Number and length of training lectures;
- Clinical experiences (number of live practicum experiences and number of patients seen);
- Number of training events held for local and state-wide medical communities;
- Number of technical assistance events held and number of people trained at these sessions;
- Student ratings of the program and knowledge, attitudes and skills changes towards using the SBIRT model; and
- Barriers/solutions to the implementation of SBIRT in teaching institutions.

Your performance assessment should also consider outcome and process questions, including the following:

Process Questions:

- How closely did implementation/dissemination of the curriculum match the plan?
- What types of deviation from the plan occurred?
- What led to the deviations?
- What effect did the deviations have on the planned curriculum and performance assessment?

Outcome Questions:

What was the effect (e.g., change in knowledge, attitude, behavior) of the curriculum on participants competencies in the following areas?

- 1) understanding of the association of medical conditions with substance abuse;
- 2) screening tools that identify the full spectrum of risky, problematic substance use, abuse and addiction;
- 3) brief intervention procedures and evidence of their effectiveness;
- 4) “hands-on” screening, identification, brief intervention, and referral for treatment for alcohol, illicit drugs, and prescription drug misuse;
- 5) detoxification procedures for alcohol and other drugs;
- 6) prescribing of effective medications to treat craving and prevent relapse;
- 7) appropriate prescribing practices for opioids and medically assisted treatment options;

- 8) ongoing medical management and care coordination of outpatients and other recipients of SBIRT services;
- 9) linking and communicating with the specialty treatment service system, providers and facilities;
- 10) professional behavioral health workforce development; and
- 11) understanding and working with electronic health record (EHR)-based screening and assessment systems.

*Note: Knowledge, attitude, and behavior must be assessed for each area prior to exposure to the curriculum and at the completion of the program.

- What program/contextual factors were associated with outcomes?
- What individual factors were associated with the outcomes?
- How durable were the effects?

The assessment should include subjective input from the participating students, the teaching faculty and members of the Council of Directors on the barriers/solutions to the implementation of SBIRT in medical and/or health professionals teaching programs. Grantees are expected to conduct a one-year follow-up with the graduates of the curriculum to determine post graduate use of SBIRT skills.

No more than 20 percent of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections [I-2.1](#) and [I-2.2](#) above.

2.3 Grantee Meetings

Grantees must plan to send a minimum of two people (including the Project Director) to at least one joint grantee meeting per year. Every other year may be a virtual meeting. You must include a detailed budget and narrative for this travel in your budget. At these meetings, grantees will present the results of their projects and federal staff will provide technical assistance. Each meeting will be up to 3 days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory.

II. AWARD INFORMATION

Proposed budgets cannot exceed \$314,661 per year in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

Funding estimates for this announcement are based on the FY 2013 Continuing Resolution, as reduced by sequestration. Applicants should be aware that final funding amounts are subject to the availability of funds.

These awards will be made as grants.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are medical residency programs and public and private universities and colleges that have or are affiliated with programs for nursing and/or social work and/or counseling.

Eligibility is restricted to these entities because they train health professionals who are most likely to implement SBIRT services to persons at risk of SUDs. These programs have the capacity and structure to train health care personnel in delivering SBIRT services to clients across the range of medical service provision. Data from SAMHSA's SBIRT cross-site evaluations have shown that the vast majority of clinical providers of SBIRT services are nurses, counselors and social workers, with the role of the physician as leading the effort through clinical work, advocacy and supervising SBIRT in medical settings. SAMHSA believes that these entities have the necessary expertise and teaching structure to best provide training of these health care professionals in delivering SBIRT clinical services.

The statutory authority for this program prohibits grants to for-profit agencies.

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match are not required in this program.

3. OTHER

You must comply with the following three requirements, or your application will be screened out and will not be reviewed: 1) use of the SF-424 Application form; Budget Information form SF-424A; Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist. 2) application submission requirements in Section IV-3 of this document; and 3) formatting requirements provided in Appendix A of this document.

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

You may request a complete application package from SAMHSA at 1-877-SAMHSA7 [TDD: 1-800-487-4889].

You also may download the required documents from the SAMHSA website at <http://www.samhsa.gov/grants/apply.aspx>.

Additional materials available on this website include:

- a grant writing technical assistance manual for potential applicants;
- standard terms and conditions for SAMHSA grants;
- guidelines and policies that relate to SAMHSA grants (e.g., guidelines on consumer and family participation, and evaluation); and
- a list of certifications and assurances referenced in item 21 of the SF-424.

2. CONTENT AND GRANT APPLICATION SUBMISSION

2.1 Application Package

A complete list of documents included in the application package is available at <http://www.samhsa.gov/Grants/ApplicationKit.aspx>. This includes:

The Face Page (SF-424); Budget Information form (SF-424A); Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist.

Applications that do not include the required forms will be screened out and will not be reviewed.

Request for Applications (RFA) – Provides a description of the program, specific information about the availability of funds, and instructions for completing the grant application. This document is the RFA. The RFA will be available on the SAMHSA website (<http://www.samhsa.gov/grants/index.aspx>) and a synopsis of the RFA is available on the federal grants website (<http://www.Grants.gov>).

You must use all of the above documents in completing your application.

2.2 Required Application Components

Applications must include the following 12 required application components:

- **Face Page** – SF-424 is the face page. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the federal government. SAMHSA applicants are required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet website at <http://www.dunandbradstreet.com> or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a federal grant application. In addition, you must be registered in the new System for Award Management (SAM). The former Central Contractor Registration (CCR) transitioned to the SAM on July 30, 2012. For any registrations in process during the transition period between July 16, 2012 and October 15, 2012, the data that were previously submitted to CCR were migrated to SAM. **SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients).** Once you update your record in SAM, it will take

48 to 72 hours to complete the validation processes. **Grants.gov will reject submissions from applicants who are not registered in SAM or those with expired SAM registrations (Entity Registrations).** If you do not have an active SAM registration prior to submitting your application, it will be screened out and returned to you without review. The DUNS number you use on your application must be registered and active in the SAM. To Create a user account, Register/Update entity and/or Search Records from CCR, go to <https://www.sam.gov>.

- **Abstract** – Your total abstract must not be longer than 35 lines. It should include the project name, population(s) to be served (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.
- **Table of Contents** – Include page numbers for each of the major sections of your application and for each attachment.
- **Budget Information Form** – Use SF-424A. Fill out Sections B, C, and E of the SF-424A. A sample budget and justification is included in Appendix F of this document.
- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A-D together may not be longer than 30 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages.) More detailed instructions for completing each section of the Project Narrative are provided in “Section V – Application Review Information” of this document.

The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections E through G. There are no page limits for these sections, except for Section F, Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in Section V under “Supporting Documentation.” Supporting documentation should be submitted in black and white (no color).

- **Attachments 1 through 4** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for 1, 3 and 4 combined. There are no page limitations for Attachment 2. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.

- *Attachment 1:* Letter to the SSA (if applicable; see [Section IV-4](#) of this document).
- *Attachment 2:* Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
- *Attachment 3:* Sample Consent Forms.
- *Attachment 4:* Letters of Commitment: **Applications submitted by medical residency programs must include letters of commitment from collaborating programs of nursing, social work and/or counseling in Attachment 4 of your application or the application will not be reviewed and will not be considered for an award.** Those trained by medical residency grant applicants must be comprised of 30 percent medical residents and 70 percent students of nursing and/or social work, and/or counseling programs. Applications from other eligible entities do not need to include any letters of commitment.
- **Project/Performance Site Location(s) Form** – The purpose of this form is to collect location information on the site(s) where work funded under this grant announcement will be performed. This form will be posted on SAMHSA’s website with the RFA and provided in the application package.
- **Assurances** – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA website and **check the box marked ‘I Agree’** before signing the face page (SF-424) of the application.
- **Certifications** – You must read the list of certifications provided on the SAMHSA website and **check the box marked ‘I Agree’** before signing the face page (SF-424) of the application.
- **Disclosure of Lobbying Activities** – Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or state legislatures. This includes “grass roots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. You must sign and submit this form, if applicable.
- **Checklist** – The Checklist ensures that you have obtained the proper signatures, assurances and certifications. **You must complete the entire form**, including the top portion, “Type of Application”, indicating if this is a new, noncompeting

continuation, competing continuation or supplemental application, as well as Parts A through D.

- **Documentation of nonprofit status** as required in the Checklist.

2.3 Application Formatting Requirements

Please refer to **Appendix A, Checklist for Formatting Requirements and Screenout Criteria for SAMHSA Grant Applications**, for SAMHSA's basic application formatting requirements. Applications that do not comply with these requirements will be screened out and will not be reviewed.

3. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **June 5, 2013**. Your application must be submitted through <http://www.Grants.gov>. Please refer to **Appendix B**, "Guidance for Electronic Submission of Applications."

4. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS

This grant program is covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100. Under this Order, states may design their own processes for reviewing and commenting on proposed federal assistance under covered programs. See [Appendix C](#) for additional information on these requirements as well as requirements for the Public Health Impact Statement.

5. FUNDING LIMITATIONS/RESTRICTIONS

Cost principles describing allowable and unallowable expenditures for federal grantees, including SAMHSA grantees, are provided in the following documents, which are available at <http://www.samhsa.gov/grants/management.aspx>:

- Educational Institutions: 2 CFR Part 220 and OMB Circular A-21
- State, Local and Indian Tribal Governments: 2 CFR Part 225 (OMB Circular A-87)
- Nonprofit Organizations: 2 CFR Part 230 (OMB Circular A-122)
- Hospitals: 45 CFR Part 74, Appendix E

In addition, SAMHSA's SBIRT Medical Professional grant recipients must comply with the following funding restrictions:

- No more than 20 percent of the grant award may be used for data collection, performance measurement, and performance assessment expenses.

- Even if an organization has an established indirect cost rate, under training grants, SAMHSA reimburses indirect costs at a fixed rate of 8 percent of modified total direct costs, exclusive of tuition and fees, expenditures for equipment, and sub-awards and contracts in excess of \$25,000.

SAMHSA grantees must also comply with SAMHSA's standard funding restrictions, which are included in Appendix D.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria in Sections A-D below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-D.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-D) together may be no longer than 30 pages.
- You must use the four sections/headings listed below in developing your Project Narrative. You must place the required information in the correct section, **or it will not be considered**. Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- The Budget Justification and Supporting Documentation you provide in Sections E-G and Attachments 1-4 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

Section A: Statement of Need (10 points)

- Describe the demographics of the health professionals you expect to train using SBIRT Training program grant funds (i.e., medical residents, and students of nursing, social work, counseling). Include students' gender, race/ethnicity, area of specialty and the academic years to be included in the training plan. Include a description of the types of medical systems and work settings that typically employ students after graduation and the patient population served.
- Describe the availability/lack of substance abuse training available in the current curriculum and the impact that providing SBIRT training will have on student participants' skills, knowledge and attitudes. Describe how training health

professionals in SBIRT will increase future capacity to address substance abuse in medical systems and settings.

- Discuss the potential significance of the proposed project as a comprehensive, multidisciplinary, collaborative effort with impact on the medical system and regional and statewide medical services.
- Discuss any existing substance abuse and/or screening and brief intervention curriculum currently used at your institution and the benefits you expect from expanding this curriculum with SBIRT Training grant funds. If you do not currently have any existing substance abuse and/or screening and brief intervention curriculum, discuss the benefits you expect to achieve from establishing the SBIRT Training curriculum in your institution.

Section B: Proposed Approach (35 points)

- Clearly state the purpose, goals and objectives of your proposed project. Describe how these relate to the performance measures described in Section D: Data Collection and Performance Measurement. Describe how achievement of the goals will produce meaningful and relevant results (e.g., increase access, availability, prevention, treatment and/or intervention) and support SAMHSA's goals for integration of behavioral health and primary care. Describe project activities and how they will relate to your goals and activities.
- Describe how the SBIRT training curriculum will be implemented. Describe the policy(ies) that will be established to integrate SBIRT into the curriculum content and clinical practice experience for the identified students.
- The required SBIRT training curriculum that will be provided by SAMHSA was developed for medical residency programs. Review the core components of the curriculum listed in Section I-2: Expectations, and describe and justify any modifications you anticipate needing to make to the curriculum to meet the goals of your project.
- If you are a school of nursing, social work, or counseling, discuss how the proposed modifications will improve the outcomes, i.e., increase skills, knowledge and attitudes of students to be trained under this grant.
- Describe the plan for creating a Council of Directors and maintaining it for the duration of the program.
- Describe how the curriculum and training will address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender in potential patient populations. Describe how the proposed activities will be implemented and how adherence to the National Standards for Culturally and Linguistic Appropriate Services (CLAS) in Health and Health Care will be monitored. For additional information go to: <http://ThinkCulturalHealth.hhs.gov>

- Describe how the program will increase future medical system capacity to serve substance abuse treatment needs. State the total number of students you propose to train each year and how they will be selected.
- Discuss how you will disseminate SBIRT training to other local and state-wide medical communities.
- Describe how student practice sites will establish procedures for the integration and provision of SBIRT services to allow students to have sufficient clinical experience.
- Describe the potential barriers to successful conduct of the proposed project and how they will be overcome. Describe a plan to continue the project after the funding period ends. Also, describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.
- Provide a detailed time line, chart or graph for Year 1 of the project showing key activities and responsible staff. Provide an outline of key milestones for Years 2-3. (Note: The time line should be part of the Project Narrative. It should not be placed in an appendix.)

Section C: Staff, Management, and Relevant Experience (25 points)

- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations, including experience in providing culturally appropriate/competent services.
- Provide a complete list of staff positions for the project, including the Project Director and other key personnel, showing the role of each and their level of effort and qualifications.
- Discuss how key staff have demonstrated experience and are qualified to develop a training program for the population(s) to receive services and are familiar with their culture(s) and language(s).
- Discuss the capability and experience of the applicant organization and other participating organizations in developing and presenting training for health professionals. Include a discussion of using culturally appropriate/competent curricula.

Section D: Data Collection and Performance Measurement (30 points)

- Document your ability to collect and report on the required performance measures as specified in [Section I-2.1](#) of this RFA. Describe your plan for data collection, management, analysis and reporting of data for the population served

by your training program. Specify and justify any additional measures you plan to use for your grant project.

- Describe how data will be used to manage the project and assure that the goals and objectives at a systems level will be tracked and achieved. Goals and objectives of your training program should map onto any continuous quality improvement plan, including consideration of behavioral health disparities. Describe how information related to process and outcomes will be routinely communicated to program staff, governing and advisory bodies, and stakeholders.
- Describe your plan for conducting the local performance assessment as specified in [Section I-2.2](#) of this RFA and document your ability to conduct the assessment.
- Describe your plan to follow up with 100% of graduates to determine the usage of SBIRT post-graduation.

NOTE: Although the budget for the proposed project is not a scored review criterion, the Review Group will be asked to comment on the appropriateness of the budget after the merits of the application have been considered.

Budget Justification, Existing Resources, Other Support (other federal and non-federal sources).

You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions or non-federal means. (This should correspond to Item #18 on your SF-424, Estimated Funding.) Other sources of funds may be used for unallowable costs, e.g., meals, sporting events, entertainment.

Be sure to show that no more than 20% of the total grant award will be used for data collection, performance measurement and performance assessment. **Specifically identify the items associated with these costs in your budget.** An illustration of a budget and narrative justification is included in [Appendix F](#), Sample Budget and Justification, of this document.

The budget justification and narrative must be submitted as file BNF when you submit your application into Grants.gov. (See [Appendix B](#), Guidance for Electronic Submission of Applications.)

SUPPORTING DOCUMENTATION

Section E: Literature Citations. This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

Section F: Biographical Sketches and Job Descriptions.

Include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. If the person has not been hired, include a position description and/or a letter of commitment with a current biographical sketch from the individual.

Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.

Information on what you should include in your biographical sketches and job descriptions can be found in [Appendix E](#) of this document.

Section G: Confidentiality and SAMHSA Participant Protection/Human Subjects: You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section G of your application. See [Appendix G](#) for guidelines on these requirements.

2. REVIEW AND SELECTION PROCESS

SAMHSA applications are peer-reviewed according to the evaluation criteria listed above.

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers;
- when the individual award is over \$150,000, approval by the Center for Substance Abuse Treatment's National Advisory Council;
- availability of funds; and
- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among populations to receive services and program size.

VI. ADMINISTRATION INFORMATION

1. AWARD NOTICES

You will receive a letter from SAMHSA through postal mail that describes the general results of the review of your application, including the score that your application received.

If you are approved for funding, you will receive an **additional** notice through postal mail, the Notice of Award (NoA), signed by SAMHSA's Grants Management Officer. The Notice of Award is the sole obligating document that allows you to receive federal funding for work on the grant project.

If you are not funded, you will receive notification from SAMHSA.

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- If your application is funded, you must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA website at <http://www.samhsa.gov/grants/management.aspx>.
- If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate. For more information see the SAMHSA website (<http://www.samhsa.gov/grants/management.aspx>).
- Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to grant award. These may include, for example:
 - actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
 - requirements relating to additional data collection and reporting;
 - requirements relating to participation in a cross-site evaluation;
 - requirements to address problems identified in review of the application; or
 - revised budget and narrative justification.
- If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.
- If your application is funded, you must comply with Executive Order 13166, which requires that recipients of federal financial assistance provide meaningful access to limited English proficient (LEP) persons in their programs and activities. You may assess the extent to which language assistance services are necessary in your grant program by utilizing the HHS *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*, available at <http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html>.

- Grant funds cannot be used to supplant current funding of existing activities. “Supplant” is defined as replacing funding of a recipient’s existing program with funds from a federal grant.
- In an effort to improve access to funding opportunities for applicants, SAMHSA is participating in the U.S. Department of Health and Human Services “Survey on Ensuring Equal Opportunity for Applicants.” This survey is included in the application package for SAMHSA grants and is posted on the SAMHSA website at <http://www.samhsa.gov/grants/downloads/SurveyEnsuringEqualOpp.pdf>. You are encouraged to complete the survey and return it, using the instructions provided on the survey form.

3. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in [Section I-2.1](#), grantees must comply with the reporting requirements listed on the SAMHSA website at <http://www.samhsa.gov/Grants/apply.aspx>.

VII. AGENCY CONTACTS

For questions about program issues contact:

Walker Reed Forman
Lead Public Health Advisor
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 5-1103
Rockville, MD 20857
(240) 276-2416
Reed.forman@samhsa.hhs.gov

For questions on grants management and budget issues contact:

Eileen Bermudez
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1091
Rockville, Maryland 20857
(240) 276-1412
eileen.bermudez@samhsa.hhs.gov

Appendix A – Checklist for Formatting Requirements and Screenout Criteria for SAMHSA Grant Applications

*SAMHSA's goal is to review all applications submitted for grant funding. However, this goal must be balanced against SAMHSA's obligation to ensure equitable treatment of applications. For this reason, SAMHSA has established certain formatting requirements for its applications. **If you do not adhere to these requirements, your application will be screened out and returned to you without review.***

Use the SF-424 Application form; Budget Information form SF-424A; Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist.

Applications must be received by the application due date and time, as detailed in Section [IV-3](#) of this grant announcement.

You must be registered in the System Award Management (SAM) prior to submitting your application. The DUNS number used on your application must be registered and active in the SAM prior to submitting your application.

Information provided must be sufficient for review.

Text must be legible. Pages must be typed in black, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. (See additional requirements in [Appendix B, "Guidance for Electronic Submission of Applications."](#))

To ensure equity among applications, page limits for the Project Narrative cannot be exceeded.

To facilitate review of your application, follow these additional guidelines. Failure to adhere to the following guidelines will not, in itself, result in your application being screened out and returned without review. However, the information provided in your application must be sufficient for review. Following these guidelines will help ensure your application is complete, and will help reviewers to consider your application.

Applications should comply with the following requirements:

- Provisions relating to confidentiality and participant protection/human subjects specified in [Appendix G](#) of this announcement.
- Budgetary limitations as specified in Sections I, II, and IV-5 of this announcement.
- Documentation of nonprofit status as required in the Checklist.

Black print should be used throughout your application, including charts and graphs (no color). **Materials with printing on both sides will be excluded from the application and not sent to peer reviewers.**

Pages should be numbered consecutively from beginning to end so that information can be located easily during review of the application. The abstract page should be page 1, the table of contents should be page 2, etc. The four pages of SF-424 are not to be numbered. Attachments should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.

The page limits for Attachments stated in Section IV-2.2 of this announcement should not be exceeded.

Appendix B – Guidance for Electronic Submission of Applications

Beginning in FY 2013, SAMHSA discretionary grant applications must be submitted electronically through Grants.gov. SAMHSA will not accept paper applications, except when a waiver of this requirement is approved by SAMHSA. The process for applying for a waiver is described later in this appendix.

If this is the first time you have submitted an application through Grants.gov, you must complete three separate registration processes before you can submit your application. Allow at least two weeks (10 business days) for these registration processes, prior to submitting your application. The processes are:

1. DUNS Number registration:

The DUNS number you use on your application must be registered and active in the SAM.

2. System for Award Management (SAM) registration:

The **System for Award Management** (SAM) is a federal government owned and operated free website that replaces capabilities of the former Central Contractor Registry (CCR) system, as well as EPLS. Future phases of SAM will add the capabilities of other systems used in federal awards processes.

SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Once you update your record in SAM, it will take 48 to 72 hours to complete the validation processes.

Grants.gov will reject electronic submissions from applicants with expired registrations. To Create a user account, Register/Update entity and/or Search Records from CCR, go to <https://www.sam.gov>.

You will find a ***Quick Start Guide for Entities Interested in Being Eligible for Grants through SAM*** at https://www.sam.gov/sam/transcript/Quick_Guide_for_Grants_Registrations.pdf.

3. Grants.gov Registration (get username and password):

Be sure the person submitting your application is properly registered with Grants.gov as the Authorized Organization Representative (AOR) for the specific DUNS number cited on the SF-424 (face page). See the Organization Registration User Guide for details at the following Grants.gov link: http://www.grants.gov/applicants/get_registered.jsp.

You can find additional information on the registration process at http://www.grants.gov/assets/organizationregcheck_092112.pdf. The Organization Registration Checklist available at this site provides registration guidance for a

company, institution, state, local or tribal government, or other type of organization submitting for the first time through Grants.gov.

To submit your application electronically, you may search <http://www.Grants.gov> for the downloadable application package by the funding announcement number (called the opportunity number) or by the Catalogue of Federal Domestic Assistance (CFDA) number. You can find the funding announcement number and CFDA number on the cover page of this funding announcement.

You must follow the instructions in the User Guide available at the <http://www.Grants.gov> apply site, on the Help page. In addition to the User Guide, you may wish to use the following sources for technical (IT) help:

By e-mail: support@Grants.gov

By phone: 1-800-518-4726 (1-800-518-GRANTS). The Grants.gov Contact Center is available 24 hours a day, 7 days a week, excluding federal holidays.

Please allow sufficient time to enter your application into Grants.gov. When you submit your application, you will receive a notice that your application is being processed and that you will receive two e-mails from Grants.gov within the next 24-48 hours. One will confirm receipt of the application in Grants.gov, and the other will indicate that the application was either successfully validated by the system (with a tracking number) or rejected due to errors. It will also provide instructions that if you do not receive a receipt confirmation **and** a validation confirmation or a rejection e-mail within 48 hours, you must contact Grants.gov directly. It is important that you retain this tracking number.

Receipt of the tracking number is the only indication that Grants.gov has successfully received and validated your application. If you do not receive a Grants.gov tracking number, you may want to contact the Grants.gov help desk for assistance. Please note that it is incumbent on the applicant to monitor your application to ensure that it is successfully received and validated by Grants.gov. **If your application is not successfully validated by Grants.gov, it will not be forwarded to SAMHSA as the receiving institution.**

If you experience issues/problems with electronic submission of your application through Grants.gov, contact the Grants.gov helpdesk by email at support@grants.gov or by phone at 1-800-518-4726 (1-800-518-GRANTS). **Make sure you get a case/ticket/reference number that documents the issues/problems with Grants.gov.** It is critical that you initiate electronic submission in sufficient time to resolve any issues/problems that may prevent the electronic submission of your application. Grants.gov will reject applications submitted after 11:59 PM on the application due date.

SAMHSA highly recommends that you submit your application 24-48 hours before the submission deadline. Many submission issues can be fixed within that time and you can attempt to re-submit. However, if you have not completed your Grants.gov, SAM, and DUNS registration at least 2 weeks prior to the submission deadline, it is highly unlikely

that these issues will be resolved in time to successfully submit an electronic application.

It is strongly recommended that you prepare your Project Narrative and other attached documents in Adobe PDF format. If you do not have access to Adobe software, you may submit in Microsoft Office 2007 products (e.g., Microsoft Word 2007, Microsoft Excel 2007, etc.). Directions for creating PDF files can be found on the Grants.gov website. Use of file formats other than Adobe PDF or Microsoft Office 2007 may result in your file being unreadable by our staff.

The Abstract, Table of Contents, Project Narrative, Supporting Documentation, Budget Justification, and Attachments must be combined into 4 separate files in the electronic submission. **If the number of files exceeds 4, only the four files will be downloaded and considered in the peer review of applications.**

Formatting requirements for SAMHSA e-Grant application files are as follows:

- Project Narrative File (PNF): The PNF consists of the Abstract, Table of Contents, and Project Narrative (Sections A-D) in this order and numbered consecutively.
- Budget Narrative File (BNF): The BNF consists of only the budget justification narrative.
- Other Attachment File 1: The first Other Attachment file will consist of the Supporting Documentation (Sections E-G) in this order and lettered consecutively.
- Other Attachment File 2: The second Other Attachment file will consist of the Attachments (Attachments 1-4) in this order and numbered consecutively.

If you have documentation that does not pertain to any of the 4 listed attachment files, include that documentation in Other Attachment File 2.

New for FY 2013

Applicants are now limited to using the following characters in all attachment file names:

Valid file names may include only the following characters:

- A-Z
- a-z
- 0-9
- Underscore _
- Hyphen –
- Space
- Period .

If your application uses any other characters when naming your attachment files, your application will be rejected by Grants.gov.

Do not use special characters in file names, such as parenthesis (), #, ©, etc.

Scanned images must be scanned at 150-200 dpi/ppi resolution and saved as a jpeg or pdf file. Using a higher resolution setting or different file type could result in rejection of your application.

Waiver Request Process

Applicants may request a waiver of the requirement for electronic submission if they are unable to submit electronically through the Grants.gov portal because their physical location does not have adequate access to the Internet. Inadequate Internet access is defined as persistent and unavoidable access problems/issues that would make compliance with the electronic submission requirement a hardship. The process for applying for a waiver is described below. Questions on applying for a waiver may be directed to SAMHSA's Division of Grant Review, 240-276-1199.

All applicants must register in the System for Award Management (SAM) and Grants.gov, even those who intend to request a waiver. If you do not have an active SAM registration prior to submitting your paper application, it will be screened out and returned to you without review. Registration is necessary to ensure that information required for paper submission is available and that the applicant is ready to submit electronically if the waiver is denied. (See directions for registering in SAM and on Grants.gov above.)

A written waiver request must be received by SAMHSA at least 15 calendar days in advance of the application due date stated on the cover page of this RFA. The request must be either e-mailed to DGR.Waivers@samhsa.hhs.gov, or mailed to:

Diane Abbate, Director of Grant Review
Office of Financial Resources
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20857**

Applicants are encouraged to request a waiver by e-mail, when possible. When requesting a waiver, the following information must be included:

- SAMHSA RFA title and announcement number
- Name, address, and telephone number of the applicant organization as they will appear in the application
- Applicant organization's DUNS number
- Authorized Organization Representative (AOR) for the named applicant

- Name, telephone number, and e-mail of the applicant organization's Contact Person for the waiver
- Details of why the organization is unable to submit electronically through the Grants.gov portal, explaining why their physical location does not have adequate access to the Internet.

The Office of Grant Review will either e-mail (if the waiver request was received by e-mail) or express mail/deliver (if the waiver request was received by mail) the waiver decision to the Contact Person no later than seven calendar days prior to the application due date. If the waiver is approved, a paper application must be submitted. (See instructions for submitting a paper application below.) SAMHSA will not accept any applications that are sent by e-mail or facsimile or hand carried. If the waiver is disapproved, the applicant organization must be prepared to submit through Grants.gov or forfeit the opportunity to apply. The written approval must be included as the cover page of the paper application and the application must be received by the due date.

A waiver approval is valid for the remainder of the fiscal year and may be used for other SAMHSA discretionary grant applications during that fiscal year. When submitting a subsequent paper application within the same fiscal year, this waiver approval must be included as the cover page of each paper application. The organization and DUNS number named in the waiver and any subsequent application must be identical.

A paper application will not be accepted without the waiver approval and will be returned to the applicant if it is not included. Paper applications received after the due date will not be accepted.

Instructions for Submitting a Paper Application with a Waiver

Paper submissions are due by **5:00 PM** on the application due date stated on the cover page of this RFA. **Applications may be shipped using only Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).** You will be notified by postal mail that your application has been received.

Note: If you use the USPS, you must use Express Mail.

SAMHSA will not accept or consider any applications that are sent by e-mail or facsimile or hand carried.

If you are submitting a paper application, you must submit an original application and 2 copies (including attachments). The original and copies must not be bound and nothing should be attached, stapled, folded, or pasted. Do not use staples, paper clips, or fasteners. You may use rubber bands.

Send applications to the address below:

For United States Postal Service:

Diane Abbate, Director of Grant Review
Office of Financial Resources
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20857**

Change the zip code to **20850** if you are using FedEx or UPS.

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include "SBIRT Training, TI-13-002" in item number 12 on the face page (SF-424) of your paper application. If you require a phone number for delivery, you may use (240) 276-1199.

Your application must be received by the application deadline or it will not be considered for review. Please remember that mail sent to federal facilities undergoes a security screening prior to delivery. You are responsible for ensuring that you submit your application so that it will arrive by the application due date and time.

If an application is mailed to a location or office (including room number) that is not designated for receipt of the application and, as a result, the designated office does not receive your application by the deadline, your application will be considered late and ineligible for review.

If you are submitting a paper application, the application components required for SAMHSA applications should be submitted in the following order:

- Face Page (SF-424)
- Abstract
- Table of Contents
- Budget Information Form (SF-424A)
- Project Narrative and Supporting Documentation
- Attachments
- Project/Performance Site Location(s) Form
- Disclosure of Lobbying Activities (Standard Form LLL, if applicable)
- Checklist – the Checklist should be the last page of your application.

- Documentation of nonprofit status as required in the Checklist

Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments, such as posters, will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

Black print should be used throughout your application, including charts and graphs (no color). Pages should be typed single-spaced with one column per page. Pages should not have printing on both sides. Pages with printing on both sides run the risk of an incomplete application going to peer reviewers, since scanning and copying may not duplicate the second side. **Materials with printing on both sides will be excluded from the application and not sent to peer reviewers.**

With the exception of standard forms in the application package, all pages in your application should be numbered consecutively. **Documents containing scanned images must also contain page numbers to continue the sequence.** Failure to comply with these requirements may affect the successful transmission and consideration of your application.

Appendix C – Intergovernmental Review (E.O. 12373) Requirements

This grant program is covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100. Under this Order, states may design their own processes for reviewing and commenting on proposed federal assistance under covered programs. Certain jurisdictions have elected to participate in the EO process and have established State Single Points of Contact (SPOCs). A current listing of SPOCs is included in the application package and can be downloaded from the Office of Management and Budget (OMB) website at http://www.whitehouse.gov/omb/grants_spoc.

Check the list to determine whether your state participates in this program. You do not need to do this if you are an American Indian/Alaska Native tribe or tribal organization.

If your state participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the state's review process.

For proposed projects serving more than one state, you are advised to contact the SPOC of each affiliated state.

The SPOC should send any state review process recommendations to the following address within 60 days of the application deadline. For United States Postal Service: Diane Abbate, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD 20857. ATTN: SPOC – Funding Announcement No. TI-13-002. Change the zip code to 20850 if you are using another delivery service.

In addition, if you are a community-based, non-governmental service provider and you are not transmitting your application through the state, you must submit a Public Health System Impact Statement (PHSIS)¹ to the head(s) of appropriate state and local health agencies in the area(s) to be affected no later than the application deadline. The PHSIS is intended to keep state and local health officials informed of proposed health services grant applications submitted by community-based, non-governmental organizations within their jurisdictions. If you are a state or local government or American

¹ Approved by OMB under control no. 0920-0428; Public reporting burden for the Public Health System Reporting Requirement is estimated to average 10 minutes per response, including the time for copying the face page of SF-424 and the abstract and preparing the letter for mailing. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0920-0428. Send comments regarding this burden to CDC Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428).

Indian/Alaska Native tribe or tribal organization, you are not subject to these requirements.

The PHSIS consists of the following information:

a copy of the face page of the application (SF-424); and

a summary of the project, no longer than one page in length, that provides: 1) a description of the population to be served; 2) a summary of the services to be provided; and 3) a description of the coordination planned with appropriate state or local health agencies.

For SAMHSA grants, the appropriate state agencies are the Single State Agencies (SSAs) for substance abuse and mental health. A listing of the SSAs for substance abuse can be found on SAMHSA's website at <http://www.samhsa.gov>. A listing of the SSAs for mental health can be found on SAMHSA's website at <http://www.samhsa.gov/grants/SSAdirectory-MH.pdf>. If the proposed project falls within the jurisdiction of more than one state, you should notify all representative SSAs.

If applicable, you must include a copy of a letter transmitting the PHSIS to the SSA in **Attachment 1, "Letter to the SSA."** The letter must notify the state that, if it wishes to comment on the proposal, its comments should be sent no later than 60 days after the application deadline to the following address. **For United States Postal Service:** Diane Abbate, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SSA – Funding Announcement No. TI-13-002 Change the zip code to **20850** if you are using another delivery service.

In addition:

Applicants may request that the SSA send them a copy of any state comments.

The applicant must notify the SSA within 30 days of receipt of an award.

Appendix D – Funding Restrictions

SAMHSA grant funds must be used for purposes supported by the program and may not be used to:

- Pay for any lease beyond the project period.
- Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community).
- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- Pay for housing other than residential mental health and/or substance abuse treatment.
- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- Only allowable costs associated with the use of federal funds are permitted to fund evidence-based practices (EBPs). Other sources of funds may be used for unallowable costs (e.g., meals, sporting events, entertainment). Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, or in-kind contributions.
- Make direct payments to individuals to induce them to enter prevention or treatment services. However, SAMHSA discretionary grant funds may be used for non-clinical support services (e.g., bus tokens, child care) designed to improve access to and retention in prevention and treatment programs.
- Make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals. However, SAMHSA discretionary grant funds may be used for non-cash incentives of up to \$20 to encourage attendance and/or attainment of prevention or treatment goals when the incentives are built into the program design and when the incentives are the minimum amount that is deemed necessary to meet program goals. SAMHSA policy allows an individual participant to receive more than one incentive over the course of the program. However, non-cash incentives should be limited to the minimum number of times deemed necessary to achieve program outcomes. A grantee or treatment or

prevention provider may also provide up to \$20 cash or equivalent (coupons, bus tokens, gifts, child care, and vouchers) to individuals as incentives to participate in required data collection follow up. This amount may be paid for participation in each required interview.

- Meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the RFA. Grant funds may be used for light snacks, not to exceed \$2.50 per person.
- Funds may not be used to distribute sterile needles or syringes for the hypodermic injection of any illegal drug.
- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.
- Even if an organization has an established indirect cost rate, under training grants, SAMHSA reimburses indirect costs at a fixed rate of 8 percent of modified total direct costs, exclusive of tuition and fees, expenditures for equipment, and sub-awards and contracts in excess of \$25,000.

Appendix E – Biographical Sketches and Job Descriptions

Biographical Sketch

Existing curricula vitae of project staff members may be used if they are updated and contain all items of information requested below. You may add any information items listed below to complete existing documents. For development of new curricula vitae include items below in the most suitable format:

1. Name of staff member
2. Educational background: school(s), location, dates attended, degrees earned (specify year), major field of study
3. Professional experience
4. Honors received and dates
5. Recent relevant publications
6. Other sources of support [Other support is defined as all funds or resources, whether federal, non-federal, or institutional, available to the Project Director/Program Director (and other key personnel named in the application) in direct support of their activities through grants, cooperative agreements, contracts, fellowships, gifts, prizes, and other means.]

Job Description

1. Title of position
2. Description of duties and responsibilities
3. Qualifications for position
4. Supervisory relationships
5. Skills and knowledge required
6. Personal qualities
7. Amount of travel and any other special conditions or requirements
8. Salary range
9. Hours per day or week

Appendix F – Sample Budget and Justification (no match required)

THIS IS AN ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE JUSTIFICATION WITH GUIDANCE FOR COMPLETING SF-424A: SECTION B FOR THE BUDGET PERIOD

A. Personnel: Provide employee(s) (including names for each identified position) of the applicant/recipient organization, including in-kind costs for those positions whose work is tied to the grant project.

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(1) Project Director	John Doe	\$64,890	10%	\$6,489
(2) Grant Coordinator	To be selected	\$46,276	100%	\$46,276
(3) Clinical Director	Jane Doe	In-kind cost	20%	0
			TOTAL	\$52,765

JUSTIFICATION: Describe the role and responsibilities of each position.

- (1) The Project Director will provide daily oversight of the grant and will be considered key staff.
- (2) The Coordinator will coordinate project services and project activities, including training, communication and information dissemination.
- (3) The Clinical Director will provide necessary medical direction and guidance to staff for 540 clients served under this project.

Key staff positions require prior approval by SAMHSA after review of credentials of resume and job description.

FEDERAL REQUEST (enter in Section B column 1 line 6a of form S-424A) **\$52,765**

B. Fringe Benefits: List all components that make up the fringe benefits rate

FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA	7.65%	\$52,765	\$4,037
Workers Compensation	2.5%	\$52,765	\$1,319
Insurance	10.5%	\$52,765	\$5,540
		TOTAL	\$10,896

JUSTIFICATION: Fringe reflects current rate for agency.

FEDERAL REQUEST (enter in Section B column 1 line 6b of form SF-424A) \$10,896

C. Travel: Explain need for all travel other than that required by this application. Local travel policies prevail.

FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
(1) Grantee Conference	Washington, DC	Airfare	\$200/flight x 2 persons	\$400
		Hotel	\$180/night x 2 persons x 2 nights	\$720
		Per Diem (meals and incidentals)	\$46/day x 2 persons x 2 days	\$184
(2) Local travel		Mileage	3,000 miles @ .38/mile	\$1,140
			TOTAL	\$2,444

JUSTIFICATION: Describe the purpose of travel and how costs were determined.

(1) Two staff (Project Director and Evaluator) to attend mandatory grantee meeting in Washington, DC.

(2) Local travel is needed to attend local meetings, project activities, and training events. Local travel rate is based on organization's policies/procedures for privately owned vehicle reimbursement rate. If policy does not have a rate use GSA.

FEDERAL REQUEST (enter in Section B column 1 line 6c of form SF-424A) **\$2,444**

D. Equipment: an article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit (federal definition).

FEDERAL REQUEST – (enter in Section B column 1 line 6d of form SF-424A) **\$ 0**

E. Supplies: materials costing less than \$5,000 per unit and often having one-time use

FEDERAL REQUEST

Item(s)	Rate	Cost
General office supplies	\$50/mo. x 12 mo.	\$600
Postage	\$37/mo. x 8 mo.	\$296
Laptop Computer	\$900	\$900
Printer	\$300	\$300
Projector	\$900	\$900
Copies	8000 copies x .10/copy	\$800
	TOTAL	\$3,796

JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated.

(1) Office supplies, copies and postage are needed for general operation of the project.

(2) The laptop computer and printer are needed for both project work and presentations for Project Director.

(3) The projector is needed for presentations and workshops. All costs were based on retail values at the time the application was written.

FEDERAL REQUEST – (enter in Section B column 1 line 6e of form SF-424A) **\$ 3,796**

F. Contract: A contractual arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services under the grant. Such arrangements may be in the form of consortium agreements or contracts. A consultant is an individual retained to provide professional advice or services for a fee. The applicant/grantee must establish written procurement policies and procedures that are consistently applied. All procurement transactions shall be conducted in a manner to provide to the maximum extent practical, open and free competition.

COSTS FOR CONTRACTS MUST BE BROKEN DOWN IN DETAIL AND A NARRATIVE JUSTIFICATION PROVIDED. IF APPLICABLE, NUMBERS OF CLIENTS SHOULD BE INCLUDED IN THE COSTS.

FEDERAL REQUEST

Name	Service	Rate	Other	Cost
(1) State Department of Human Services	Training	\$250/individual x 3 staff	5 days	\$750
(2) Treatment Services	1040 Clients	\$27/client per year		\$28,080

Name	Service	Rate	Other	Cost
(3) John Smith (Case Manager)	Treatment Client Services	1FTE @ \$27,000 + Fringe Benefits of \$6,750 = \$33,750	*Travel at 3,124 @ .50 per mile = \$1,562 *Training course \$175 *Supplies @ \$47.54 x 12 months or \$570 *Telephone @ \$60 x 12 months = \$720 *Indirect costs = \$9,390 (negotiated with contractor)	\$46,167
(4) Jane Smith	Evaluator	\$40 per hour x 225 hours	12 month period	\$9,000
(5) To Be Announced	Marketing Coordinator	Annual salary of \$30,000 x 10% level of effort		\$3,000
			TOTAL	\$86,997

JUSTIFICATION: Explain the need for each contractual agreement and how it relates to the overall project.

- (1) Certified trainers are necessary to carry out the purpose of the statewide Consumer Network by providing recovery and wellness training, preparing consumer leaders statewide, and educating the public on mental health recovery.
- (2) Treatment services for clients to be served based on organizational history of expenses.

- (3) Case manager is vital to client services related to the program and outcomes.
- (4) Evaluator is provided by an experienced individual (Ph.D. level) with expertise in substance abuse, research and evaluation, is knowledgeable about the population of focus, and will report GPRA data.
- (5) Marketing Coordinator will develop a plan to include public education and outreach efforts to engage clients of the community about grantee activities, and provision of presentations at public meetings and community events to stakeholders, community civic organizations, churches, agencies, family groups and schools.

***Represents separate/distinct requested funds by cost category**

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF-424A) **\$86,997**

G. Construction: NOT ALLOWED – Leave Section B columns 1& 2 line 6g on SF-424A blank.

H. Other: expenses not covered in any of the previous budget categories

FEDERAL REQUEST

Item	Rate	Cost
(1) Rent*	\$15/sq.ft x 700 sq. feet	\$10,500
(2) Telephone	\$100/mo. x 12 mo.	\$1,200
(3) Client Incentives	\$10/client follow up x 278 clients	\$2,780
(4) Brochures	.89/brochure X 1500 brochures	\$1,335
	TOTAL	\$15,815

JUSTIFICATION: Break down costs into cost/unit (e.g. cost/square foot). Explain the use of each item requested.

(1) Office space is included in the indirect cost rate agreement; however, if other rental costs for service site(s) are necessary for the project, they may be requested as a direct charge. The rent is calculated by square footage or FTE and reflects SAMHSA's fair share of the space.

***If rent is requested (direct or indirect), provide the name of the owner(s) of the space/facility. If anyone related to the project owns the building which is less than an arms length arrangement, provide cost of ownership/use allowance calculations. Additionally, the lease and floor plan (including common areas) is required for all projects allocating rent costs.**

(2) The monthly telephone costs reflect the % of effort for the personnel listed in this application for the SAMHSA project only.

(3) The \$10 incentive is provided to encourage attendance to meet program goals for 278 client follow-ups.

(4) Brochures will be used at various community functions (health fairs and exhibits).

FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF-424A) **\$15,815**

Indirect Cost Rate: Indirect costs can be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to: <http://www.samhsa.gov> then click on Grants – Grants Management – Contact Information – Important Offices at SAMHSA and DHHS - HHS Division of Cost Allocation – Regional Offices.

FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF-424A)

8% of personnel and fringe (.08 x \$63,661) \$5,093

=====

TOTAL DIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF-424A) **\$172,713**

INDIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6j of form SF-424A) **\$5,093**

TOTALS: (sum of 6i and 6j)

FEDERAL REQUEST – (enter in Section B column 1 line 6k of form SF-424A)
\$177,806

=====

UNDER THIS SECTION REFLECT OTHER FEDERAL AND NON-FEDERAL SOURCES OF FUNDING BY DOLLAR AMOUNT AND NAME OF FUNDER e.g., Applicant, State, Local, Other, Program Income, etc. Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions or non-federal means. [Note: Please see [Appendix D, Funding Restrictions](#), regarding allowable costs.] Provide the total proposed project period and federal funding as follows:

Proposed Project Period

a. Start Date:	09/30/2012	b. End Date:	09/29/2017
----------------	-------------------	--------------	-------------------

BUDGET SUMMARY (should include future years and projected total)

Category	Year 1	Year 2*	Year 3*	Year 4*	Year 5*	Total Project Costs
Personnel	\$52,765	\$54,348	\$55,978	\$57,658	\$59,387	\$280,136
Fringe	\$10,896	\$11,223	\$11,559	\$11,906	\$12,263	\$57,847
Travel	\$2,444	\$2,444	\$2,444	\$2,444	\$2,444	\$12,220
Equipment	0	0	0	0	0	0
Supplies	\$3,796	\$3,796	\$3,796	\$3,796	\$3,796	\$18,980
Contractual	\$86,997	\$86,997	\$86,997	\$86,997	\$86,997	\$434,985
Other	\$15,815	\$13,752	\$11,629	\$9,440	\$7,187	\$57,823
Total Direct Charges	\$172,713	\$172,560	\$172,403	\$172,241	\$172,074	\$861,991
Indirect Charges	\$5,093	\$5,246	\$5,403	\$5,565	\$5,732	\$27,039

Category	Year 1	Year 2*	Year 3*	Year 4*	Year 5*	Total Project Costs
Total Project Costs	\$177,806	\$177,806	\$177,806	\$177,806	\$177,806	\$889,030

TOTAL PROJECT COSTS: Sum of Total Direct Costs and Indirect Costs

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF-424A) **\$889,030**

***FOR REQUESTED FUTURE YEARS:**

1. Please justify and explain any changes to the budget that differs from the reflected amounts reported in the 01 Year Budget Summary.

2. If a cost of living adjustment (COLA) is included in future years, provide your organization's personnel policy and procedures that state all employees within the organization will receive a COLA.

Appendix G – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines

Confidentiality and Participant Protection:

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. All applicants must address the seven elements below. If some are not applicable or relevant to the proposed project, simply state that they are not applicable and indicate why. In addition to addressing these seven elements, read the section that follows entitled Protection of Human Subjects Regulations to determine if the regulations may apply to your project. If so, you are required to describe the process you will follow for obtaining Institutional Review Board (IRB) approval. While we encourage you to keep your responses brief, there are no page limits for this section and no points will be assigned by the Review Committee. Problems with confidentiality, participant protection, and the protection of human subjects identified during peer review of the application must be resolved prior to funding.

1. Protect Clients and Staff from Potential Risks

Identify and describe any foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project itself or any data collection activity.

Describe the procedures you will follow to minimize or protect participants against potential risks, including risks to confidentiality.

Identify plans to provide guidance and assistance in the event there are adverse effects to participants.

Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.

2. Fair Selection of Participants

Describe the population(s) of focus for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, or other targeted groups.

Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS.

Explain the reasons for including or excluding participants.

Explain how you will recruit and select participants. Identify who will select participants.

3. Absence of Coercion

Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.

If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed \$20.

State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.

4. Data Collection

Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.

Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

Provide in **Attachment 2, “Data Collection Instruments/Interview Protocols,”** copies of all available data collection instruments and interview protocols that you plan to use.

5. Privacy and Confidentiality

Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.

Describe:

- How you will use data collection instruments.
- Where data will be stored.

- Who will or will not have access to information.
- How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

NOTE: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of **Title 42 of the Code of Federal Regulations, Part II.**

6. Adequate Consent Procedures

List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.

State:

- Whether or not their participation is voluntary.
- Their right to leave the project at any time without problems.
- Possible risks from participation in the project.
- Plans to protect clients from these risks.

Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

NOTE: If the project poses potential physical, medical, psychological, legal, social or other risks, you **must** obtain written informed consent.

Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in **Attachment 3, “Sample Consent Forms”**, of your application. If needed, give English translations.

NOTE: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?

Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

7. Risk/Benefit Discussion

Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

Protection of Human Subjects Regulations

SAMHSA expects that most grantees funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires Institutional Review Board (IRB) approval. However, in some instances, the applicant's proposed performance assessment design may meet the regulation's criteria for research involving human subjects. For assistance in determining if your proposed performance assessment meets the criteria in 45 CFR 46, Protection of Human Subjects Regulations, refer to the SAMHSA decision tree on the SAMHSA website, under "Applying for a New SAMHSA Grant," <http://www.samhsa.gov/grants/apply.aspx>.

In addition to the elements above, applicants whose projects must comply with the Human Subjects Regulations must fully describe the process for obtaining IRB approval. While IRB approval is not required at the time of grant award, these grantees will be required, as a condition of award, to provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP). IRB approval must be received in these cases prior to enrolling participants in the project. General information about Human Subjects Regulations can be obtained through OHRP at <http://www.hhs.gov/ohrp>, or ohrp@osophs.dhhs.gov, or (240) 453-6900. SAMHSA-specific questions should be directed to the program contact listed in [Section VII](#) of this announcement.

Appendix H – Addressing Behavioral Health Disparities

In April 2011, the Department of Health and Human Services (HHS) released its *Action Plan to Reduce Racial and Ethnic Health Disparities*. This plan outlines goals and actions HHS agencies, including SAMHSA, will take to reduce health disparities among racial and ethnic minorities. Agencies are required to continuously assess the impact of their policies and programs on health disparities. The Action Plan is available at: http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf.

The number one Secretarial priority in the Action Plan is to: “**Assess and heighten the impact of all HHS policies, programs, processes, and resource decisions to reduce health disparities.** HHS leadership will assure that: Program grantees, as applicable, will be required to submit health disparity impact statements as part of their grant applications. Such statements can inform future HHS investments and policy goals, and in some instances, could be used to score grant applications if underlying program authority permits.”

To accomplish this, SAMHSA expects grantees to utilize their data to (1) identifying subpopulations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to health disparities and (2) implement strategies to decrease the differences in **access, service use, and outcomes** among those subpopulations. A strategy for addressing health disparities is use of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

Definition of Health Disparities:

Healthy People 2020 defines a health disparity as a “particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

Subpopulations

SAMHSA grant applicants are routinely asked to define the population they intend to serve given the focus of a particular grant program (e.g., adults with serious mental illness [SMI] at risk for chronic health conditions; young adults engaged in underage drinking; populations at risk for contracting HIV/AIDS, etc.). Within these populations of focus are *subpopulations* that may have disparate access to, use of, or outcomes from provided services. These disparities may be the result of differences in language, beliefs, norms, values, and/or socioeconomic factors specific to that subpopulation. For instance, Latino adults with SMI may be at heightened risk for metabolic disorder due to lack of appropriate in-language primary care services; Native American youth may have

an increased incidence of underage drinking due to coping patterns related to historical trauma within the Native American community; and African American women may be at greater risk for contracting HIV/AIDS due to lack of access to education on risky sexual behaviors in urban low-income communities. While these factors might not be pervasive among the general population served by a grantee, they may be predominant among subpopulations or groups vulnerable to disparities. It is imperative that grantees understand who is being served within their community in order to provide care that will yield positive outcomes, per the focus of that grant. In order for organizations to attend to the potentially disparate impact of their grant efforts, applicants are asked to address access, use and outcomes for subpopulations, which can be defined by the following factors:

- By race
- By ethnicity
- By gender (including transgender), as appropriate
- By sexual orientation (i.e., lesbian, gay, bisexual), as appropriate

HHS published final standards for data collection on race, ethnicity, sex, primary language and disability status, as required by Section 4302 of the Affordable Care Act in October 2011,

<http://www.minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=208>.

The ability to address the quality of care provided to subpopulations served within SAMHSA's grant programs is enhanced by programmatic alignment with the federal CLAS standards.

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (CLAS)

The National CLAS standards were initially published in the Federal Register on December 22, 2000. Culturally and linguistically appropriate health care and services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals, is increasingly seen as essential to reducing disparities and improving health care quality. The National CLAS Standards have served as catalyst and conduit for the evolution of the field of cultural and linguistic competency over the course of the last 12 years. In recognition of these changes in the field, the HHS Office of Minority Health undertook the National CLAS Standards Enhancement Initiative from 2010 to 2012.

The enhanced National CLAS Standards seek to set a new bar in improving the quality of health to our nation's ever diversifying communities. Enhancements to the National CLAS Standards include the broadening of the definitions of health and culture, as well as an increased focus on institutional governance and leadership. The enhanced National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care are comprised of 15 Standards that provide a blueprint for health and health care organizations to implement culturally and linguistically appropriate services

that will advance health equity, improve quality, and help eliminate health care disparities.

You can learn more about the CLAS mandates, guidelines, and recommendations at:
<http://www.ThinkCulturalHealth.hhs.gov>

Appendix I – Electronic Health Record (EHR) Resources

The following is a list of websites for EHR information:

For additional information on EHR implementation please visit:

<http://www.healthit.gov/providers-professionals>

For a comprehensive listing of Complete EHRs and EHR Modules that have been tested and certified under the Temporary Certification Program maintained by the Office of the National Coordinator for Health IT (ONC) please see: <http://onc-chpl.force.com/ehrcert>

For a listing of Regional Extension Centers (REC) for technical assistance, guidance, and information to support efforts to become a meaningful user of Electronic Health Records (EHRs), see: <http://www.healthit.gov/providers-professionals/regional-extension-centers-recs#listing>

Behavioral healthcare providers should also be aware of federal confidentiality regulations including HIPPA and 42CFR Part 2 (<http://www.samhsa.gov/HealthPrivacy/>). EHR implementation plans should address compliance with these regulations.

For questions on EHRs and HIT, contact:

SAMHSA.HIT@samhsa.hhs.gov.

Appendix J – Additional Background Information

The National Drug Control Strategy (NDCS) emphasizes: (1) preventing drug use before it starts; (2) intervening and healing those who already use drugs; and (3) disrupting the market for illicit substances (ONDCP, 2007). SBIRT's focus on early intervention and treatment is a central component of the NDCS.

Federal programs, including those operated by SAMHSA/CSAT, have tended to emphasize either universal prevention strategies aimed at those who have never initiated use (Mrazek and Haggerty, 1994) or specialist treatment for those who are dependent (Gerstein and Harwood, 1990). Little attention has been paid to the large group of individuals who use drugs but are not yet dependent and who could successfully reduce drug use through "early intervention" (Fleming, 2002; Klitzner et al., 1992).

There is an emerging body of research and clinical experience that supports use of the SBIRT approach as providing effective early intervention for persons at risk for, or diagnosed with, a substance use disorder (i.e., substance abuse or dependence): Babor, 2004; Babor et al. 2002; Baker et al. 2001; Barry, 1999; Bernstein et al., 1997; Blow, 1999; Conrod et al., 2000; Dennis et al., 2002a and b; Fleming, 2002; Gil et al., 2004; Gray et al., 2005; Grenard et al., 2007; Humeniuk, 2006; Kelso, 2002; Rohsenow et al., 2004; Samet et al., 1996; Stephens et al., 1994; Stephens, et al., 2000; Stephens, et al., 2004; Sullivan et al., 1997; WHO ASSIST Working Group, 2002; Zweben and Fleming, 1999).

Recognition of the validity of SBIRT services, to be provided in medical and healthcare settings, is underscored by adoption of new procedural codes by the Centers for Medicare and Medicaid Services (CMS) and the American Medical Association-Current Procedural Terminology (AMA-CPT) Board. SBIRT has also been endorsed in the American Psychiatric Nurses Association position paper (September 11, 2012) and in the Emergency Nurses Association position paper (October, 2009) which provides online toolkits for nurses interested in implementing SBIRT:

<http://www.ena.org/IQSIIP/Safety/Injury%20Prevention/SBIRT/ToolKit/Pages/toolkit.aspx>

.